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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/666/666
Filing Date	09-22-2000
First Named Inventor	Alfred Wallner
Group Art Unit	2819
Examiner Name	Brian Young
Attorney Docket Number	

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

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<input type="checkbox"/> Firm or Individual Name	Peter R. Martinez at Law, Forward, Hamilton & Scripps				
Address	11988 El Camino Real				
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/ISB/96)

SIGNATURE of Applicant or Assignee of Record

Name	ALFRED WALLNER
Signature	<i>Alfred Wallner</i>
Date	11/20/2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

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**POWER OF ATTORNEY OR
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Application Number	09/668,695
Filing Date	09/22/2000
First Named Inventor	Alfred Wallner
Title	Method for Organizing
Group Art Unit	2819
Examiner Name	Brian Young
Attorney Docket Number	

I hereby appoint:

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Name	Registration Number
Peter Martinez	42.845
Mitchell Brook	32.967
David Helsey	42.651

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Address	11988 El Camino Real				
Address	Suite 200				
City	San Diego	State	CA	Zip	
Country	USA				
Telephone	(858) 720-6343	Fax	(858) 720-6308		

I am the:

☒ Applicant/Inventor.
☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.13(b) is enclosed. (Form PTO/SB/96).
SIGNATURE OF Applicant or Assignee of Record

Name	Alfred Wallner
Signature	<i>Alfred Wallner</i>
Date	11/30/2003

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